

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 12397	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name DONALD R VINCENT P.O. Box, Bldg., Room No., if any Street 5317 SHERBROOKE ROAD City EVANSVILLE State INDIANA ZIP Code + 4 47710	4. Name, file number, and address of labor organization. Name IUPAT DISTRICT COUNCIL 91 Labor Organization File Number 542-404 P.O. Box, Building and Room Number, if any Street 409 MILLNER INDUSTRIAL DRIVE City EVANSVILLE State INDIANA ZIP Code + 4 47710-2545
5. Position in labor organization. BUSINESS REPRESENTATIVE / TRUSTEE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Donald R Vincent

On

8-15-05

Date

812-962-9191

Telephone Number

Name of Person Filing DONALD R. VINCENT	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PAINTERS LOCAL UNION 156 JOINT APPRENTICESHIP & TRAINING FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street 409 MILLNER INDUSTRIAL DRIVE</p> <p>City EVANSVILLE</p> <p>State INDIANA ZIP Code + 4 47710-2545</p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name PAINTERS LOCAL UNION 156 JOINT APPRENTICESHIP & TRAINING FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street 409 MILLNER INDUSTRIAL DRIVE</p> <p>City EVANSVILLE</p> <p>State INDIANA ZIP Code + 4 47710-2545</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p>LABOR ORGANIZATION TRUST FUND</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>MONTHLY TRUSTEE EXPENSE 12 MONTHS @ \$35⁰⁰</p> <p>12.b. Amount. \$ 420</p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p>_____</p> <p>14.b. Amount of payment. _____</p>

Name of Person Filing

DONALD R VINCENT

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PAINTERS LOCAL UNION 156

HEALTH AND WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 409 MILLNER INDUSTRIAL DRIVE

City EVANSVILLE

State INDIANA ZIP Code + 4 47710-2545

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAINTERS LOCAL UNION 156

HEALTH AND WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 409 MILLNER INDUSTRIAL DRIVE

City EVANSVILLE

State INDIANA ZIP Code + 4 47710-2545

11.a. Nature of such dealing.

LABOR ORGANIZATION TRUST FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

MONTHLY TRUSTEE EXPENSE
12 MONTHS @ \$45⁰⁰

12.b. Amount.

\$ 540

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



International Union of Painters and Allied Trades, AFL-CIO, CLC
District Council 91
Painters Local Union 156

409 Millner Industrial Drive, Evansville, Indiana 47710
tel: 812-425-4414 * Organizing since 1890 * fax: 812-425-4890

INDIANA • ILLINOIS • KENTUCKY • TENNESSEE

Donald R. Vincent, Business Representative/Organizer

INDIANA

PLU # 47 - INDIANAPOLIS
317-546-5638

PLU #80 - LAFAYETTE
765-477-7848

PLU #156 - EVANSVILLE
812-425-4414

PLU #197 - TERRE HAUTE
812-232-1644

PLU #460 - NW INDIANA
219-947-0420

PLU #469 - FORT WAYNE
260-484-7924

PLU #669 - ANDERSON
765-378-5242

PLU #1118 - SOUTH BEND
574-287-8200

GLU #1165 - IN, KY, IL

EVANSVILLE
812-962-0652

FORT WAYNE
260-484-7924

GARY
219-947-0420

INDIANAPOLIS
317-542-7617

SOUTH BEND
574-287-8200

KENTUCKY

PLU # 118 - LOUISVILLE
502-366-2233

PLU # 500 - PADUCAH
270-441-7697

TENNESSEE

PGLU # 456 - NASHVILLE
615-255-7863

August 15, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

RE: Form LM-30 (1/1/04 – 12/31/04)

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently; some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Sincerely yours,

Donald R. Vincent
Business Representative/Organizer
Painters Local Union 156/District Council 91

CERTIFIED MAIL # 7002 2410 0002 0819 7636